

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

Action Request Number: 01205468
 Assessment Descriptive Title: 2010 PI&R Focused Self-Assessment
 Assessment Dates: June 7-11, 2010

Note:	Focused Self-Assessment is part of the QATR with requirements described in Section C Assessment and C.2 Self-assessment.
--------------	--

1.0 INTRODUCTION & SCOPE

This Focused Self-Assessment was conducted to assess health of the Prairie Island Corrective Action and Self-Assessment Programs as well as to assess readiness for the 2010 Nuclear Regulatory Commission 71152 (Problem Identification and Resolution) Inspection. The scope of the assessment was based upon the Plan and Checklist approved by PARB. Specific information sources are provided as an attachment to this report within the Document List. The completed checklist with details of objectives is also attached to this report. A summary of Objectives is as follows:

- Objective 1: Verify that station problems are being identified, reported and properly screened.
- Objective 2: Verify that evaluation of problems and identification of corrective actions are commensurate with the significance of the problem.
- Objective 3: Determine the effectiveness of corrective actions resolving identified problems.
- Objective 4: Verify that performance indicators effectively characterize corrective action program performance and that CAP trending identifies potential adverse trends.
- Objective 5: Assess the effectiveness of management oversight of the CAP.
- Objective 6: Assess the effectiveness of the Focused Self-Assessment Program.
- Objective 7: Assess the effectiveness of the Site's Response to NOS-identified issues.
- Objective 8: Assess the effectiveness of CAP Liaisons in implementing the corrective action program.

2.0 TEAM MEMBERS

Team Sponsor: Kurt Petersen, Prairie Island Business Support Manager
 Team Leader: Andy Notbohm, Prairie Island Performance Assessment Supervisor
 Team Member: Matt Birkel, Prairie Island CAP Coordinator
 Team Member: Doug Horgen, Monticello Performance Assessment Supervisor
 Team Member: Mary Lou Fish, Monticello CAP Coordinator
 Team Member: John Windschill, Fleet Performance Assessment Manager
 Team Member: Jim Langer, Kewaunee Power Station CAP Coordinator
 Team Member: Frank Sienczak, Prairie Island Operations CAP Liaison
 Team Member: Turney Hazlet, Prairie Island Maintenance Supervisor
 Team Member: Tom Severson, Prairie Island Program Engineer

3.0 EXECUTIVE SUMMARY

Corrective Action Program performance has improved over the past 12 months, but remains below expectations. One significant gap in oversight of the Corrective Action Program must be corrected prior to the NRC 71152 inspection.

Improvement is observable in CAP initiation quality, AR Screen Team decision-making, causal evaluation quality, corrective action quality, and oversight enforcement of procedural standards.

A significant, but manageable gap persists in oversight of the Corrective Action Program, specifically in manager/supervisor ownership of elements of the Program. The gap is observable in stagnant performance below expectations in Performance Improvement Report Card Key Performance Indicators and Corrective Action implementation quality.

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

4.0 STRENGTHS

This assessment did not identify any strengths.

5.0 ENHANCEMENTS / AREAS FOR IMPROVEMENT

Area for Improvement #1 (AR 01187837)

- Managers and Supervisors do not consistently accept ownership or accountability for the implementation of the Corrective Action Program, specifically in ownership of Performance Improvement Report Card Key Performance Indicators and accountability for Corrective Action Implementation Quality.
- Supporting Examples:
 - Overdue Corrective Action Assignments continues to persist at an unacceptably high level.
 - Performance Improvement Report Card Key Performance Indicators for many departments have not sustainably nor significantly improved from performance below expectations since inception of the metrics in 4th Quarter 2009.
 - Performance Assessment Review Board and Technical Review Panel continue to reject unacceptably high numbers of completed “A” and “B” Corrective Actions
 - Maintenance and Training Departments have not been consistently represented during AR Screening.
 - RCE 01178236 has not been completed more than 1 year after identification of the Turbine Building Flooding issue and more than 6 months after recognition of the need for the Root Cause Evaluation.
- Consequences: Failure to correct this condition has resulted in ineffective resolution of the station's most significant issues (as evidenced by repeat events in equipment and human performance reflected in AR 01216005) and stakeholder concerns with Corrective Action Program Effectiveness. This condition has also resulted in a negative impact on station personnel perception of and willingness to utilize the Corrective Action Program, as identified in AR 01211532.
- Cause: The cause for this condition is inconsistent reinforcement and accountability by senior station management with respect to the behaviors of managers and supervisors.
- Corrective Actions: The cause will be corrected by senior management reinforcement of expectations and standards for ownership and accountability for the Corrective Action Program. Actions 24-27 to provide clear expectations and reinforcement of desired behaviors have been added to AR 01187837 with a scheduled completion date for these actions of July 31, 2010.

Area for Improvement #2 (AR 01232765)

- Process interfaces between the Corrective Action Program, Work Management, Engineering Change, Procedure Change, and Project Review Group are not consistently ensuring correct priorities, timeliness of actions, and resolution of issues.
- Supporting Examples:
 - AR 01232765: Site DRUM identified trends in error codes related to process interrelationships and action ties between processes. Contributing to the trend was identification of several instances of work tied to OBN/OBD or MR equipment not being completed in a timely manner.
 - AR 01236492: NOS identified some WR/WO and CAPs were not correctly cross-referenced.
 - AR 01236596: NOS identified instances of PCRs driven by CAPs being scheduled past due dates.
 - AR 01236579: NOS identified instances of PCR priority not correlating with CAP priority.
 - AR 01236577: NOS identified instances of PCRs not correctly corss-referenced to CAPs.
 - Interviews with process owners indicate that roles and responsibilities are not clear and that consistent prioritization is not achieved from one process to another.

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

- Consequences: Failure to correct this condition may result in actions required to Significant Conditions Adverse to Quality or Conditions Adverse to Quality and their causes; this condition has also resulted in untimely resolution of important equipment issues.
- Cause: The causes for this condition were determined to be the following:
 - Standards for cross-referencing various processes are complex and contained within multiple procedures, creating error-likely situations where specific requirements for cross-referencing may not be known.
 - Roles and responsibilities are not clearly defined for what action must be taken for each interface.
 - Passport relies on human interface to make appropriate cross-references in many cases vice an automatic function.
 - In some cases, human performance errors due to inattention and lack of knowledge of standards have resulted in missed cross-references or due date compliance.
- Corrective Actions: AR 01232765 has an action (01) to conduct alignment sessions to streamline processes. This action is due July 31. The specific failure modes found during this assessment will be corrected by this action. The assigned-to for the action is aware of the findings of this assessment.

Area for Improvement #3 (AR 01222084, 01197730, 01236960)

- Immediate and Prompt Operability determinations, in some cases, do not provide adequate details to make risk-informed decisions to adequately address the issue.
- Supporting Examples:
 - AR 01233549 (U-2 Charging System Design Pressure Exceeded) NOS Identified potential inadequacy in initial response to the issue. An OPR was initially requested and subsequently cancelled based upon walkdown results not identifying leaks or visible damage to limiting components. During this assessment, it was questioned whether structural integrity was adequately addressed as the maximum pressure was not determined and there is no discussion of impact to elasticity / yield properties of the material. Additionally, it was noted that there was no discussion of impact to required Boric Acid Flowpaths to the core in a shutdown condition (AR 01236955 was written to document and resolve this question).
 - AR 01222084: NOS-Identified Adverse Trend in OPR Completion. The performed ACE found that 24 of 88 OPRs in-scope required revision for technical or procedural compliance errors.
 - AR 01197730: This CAP addresses areas for improvement from a recently-completed Operability/Functionality FSA with respect to quality of Immediate Operability decisions and documentation.
 - AR 01193081(FP-30-4, Difficult to Operate) Ops status notes state the “valve is still able to be manipulated and is functional.” The team’s review determined that the notes do not adequately address impact to the system.
 - AR 01198510 (Bent Hangers RLWDH-117, RSIH-484 and RHRRH-7) Ops status notes state “The hangers in question have been evaluated by engineering and determined to still meet the requirements of their function to support the system piping.” The team’s review determined that the notes do not adequately address impact to the RHR System

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

- FP-OP-OL-01 requirements with respect to resolution of Functionality issues are not implemented effectively by the fleet. Step 5.3.2.5 states “Corrective Actions for degraded but functional equipment will be tracked per the Corrective Action Program FP-PA-ARP-01.” Additionally, Attachment 3 (Guideline for Functionality Assessment) states “Timing of Corrective Actions - When establishing a corrective action plan, the actions should address any degraded or nonconforming condition in a time frame commensurate with the safety significance of the condition. If corrective action plan does not resolve the degraded or nonconforming condition at the first available opportunity or prior to the next scheduled use of the equipment, then the CAP AR should justify a longer completion schedule.” Currently neither Prairie Island nor Monticello have a means in place to track resolution of Functionality issues and, in many cases, Functionality issues are closed to the work management process in accordance with the procedure for “C” severity CAPs. Benchmarking with Dominion plants indicates that Dominion does track resolution of Functionality issues within CAP. As it stands, Prairie Island and Monticello are not implementing the requirements of FP-OP-OL-01. The causes are that FP-PA-ARP-01 does not align with FP-OP-OL-01 and the guidance of FP-OP-OL-01 is not sufficiently detailed to describe the intent.
- Consequences: This condition has resulted in uncorrected conditions, repeat events, and inadequate screen team decisions.
- AR 01222084 will address aspects of this AFI related to OPR quality.
- AR 01197730 will address aspects of this AFI related to Immediate Operability quality. The Operations Manager has been informed of the identified gap related to discussion of component impact on system operability/functionality.
- AR 01236960 has been written to resolve the aspects of this AFI related to procedural guidance for resolution of Functionality issues.

Area For Improvement #4 (AR 01231245)

- Current Corrective Action structure does not align with industry benchmarking of Dominion, Exelon, and other plants through the Corrective Action Program Owner’s Group in that Xcel Energy considers all items tracked under CAP as Corrective Actions while other plants limit Corrective Actions to actions which address Conditions Adverse to Quality, Significant Conditions Adverse to Quality, and their causes.
- Supporting examples:
 - Xcel Energy currently utilizes multiple action identifiers in passport and tracks most items as corrective actions. The current station action backlog is approximately 1400 items.
 - During TRP on 6/9/2010, 4 of 10 completed “B” Actions that were reviewed were viewed by the TRP as unnecessary actions to correct issues.
- Consequences: This condition creates a lack of focus on true priorities and results in personnel focusing on what action is due next vice what actions are required to correct conditions and their causes. This creates a vulnerability for important actions to be incorrectly assigned lower priorities.
- The cause is lack of granularity in some action types and insufficient procedural guidance to categorize actions based upon what the intended outcome of the action is.

Corrective Actions: Required actions include creation of an additional action type in Passport “CAPA” and modifying FP-PA-ARP-01 to provide guidance to use “CAPR” for actions that address the cause of Significant Conditions Adverse to Quality, “CA” for actions that address Root, Apparent, and Contributing Causes found during RCEs and ACEs, “OPB/OBN/OBD” for resolving Operator Burdens and Nonconforming/Degraded conditions. These action types will be considered part of the corrective action backlog. “OEA” actions will be utilized for resolution of operating experience items, and “CAPA” will be utilized for all other action types. An action to submit a PCR for the required changes has been issued under AR 01231245 with a due date of June 30, 2010.

Enhancement #1 (AR 01236948)

- Causal Evaluation procedures lag industry-leading practices in that current procedures rely in knowledge-based vice rule-based performance.

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

- Supporting examples:
 - Inconsistencies in conduct of MREs within the Prairie Island organization and between Xcel Energy sites
 - Root Cause and Apparent Cause Evaluation procedures do not contain clear guidance for the conduct of specific sections of the report. This results in inconsistent application of causal analysis tools, extent of condition/cause, and operating experience evaluations.
 - The Equipment Apparent Cause guidance does not contain sufficient detail to drive performers to consistent use of support/refute analysis nor the specific requirements applicable to equipment ACEs
 - Condition Evaluations are not structured by guidance, resulting in inconsistent usage and actions not targeted in accordance with INPO 09-011 Success Factor #5 (Change that which needs to be changed and no more).
- Consequences have been ineffective causal analysis resulting in repeat equipment and human performance issues (reference AR 01216005)
- The cause is procedures developed for knowledge-based performance vice rule-based performance.
- Required actions are upgrading existing procedures to reflect industry-best practices and providing fleet-wide procedures for equipment ACE, MRE, and CE conduct

Enhancement #2 (AR 01236949)

- Administration of the Corrective Action Program does not consistently achieve efficient use of resources and expectations for quality.
- Supporting examples:
 - Inconsistent application of trend codes by performance assessment personnel and CAP liaisons.
 - Inconsistent use of Passport functions to reduce time in administrative roles.
 - Inconsistent use of resources to balance work loads.
- Consequences are reduced time available to monitor quality of program implementation and unreliable trend information.
- The cause is ineffective management of resources to achieve necessary results.
- Required actions include use of passport functions to enable backgrounding of repetitive actions after AR Screening decisions are made, assigning Liaisons more administrative roles to reduce Performance Assessment work load and improve Liaison ownership of issues, and information sharing on the trending process. Increased monitoring of trending and action initiation quality (in accordance with SMARTS principles) are also required.

6.0 CONCLUSIONS

Prairie Island's Corrective Action Program performance does not meet standards or expectations. While performance has improved in many respects, achievement of minimum acceptable standards can only be achieved through increased ownership and accountability of program performance by managers and supervisors. This area for improvement and additional gaps to excellence that will ensure effective program implementation have been identified and actions are in place to address these gaps. The station can effectively resolve these issues prior to the NRC 711152 inspection.

7.0 REPORT DETAILS

Objective 1:

The assessment team reviewed previously-screened CAPs for initiation quality, interviewed approximately 45 personnel on willingness to initiate ARs, reviewed station logs from the previous month for items that required CAPs, reviewed the operator burden list and top 10 equipment issue list to verify issues are addressed through use of the Corrective Action Program, reviewed a sampling of recently-screened PCRs and WRs for items that required CAPs. The team did not identify discrepancies.

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

The assessment team reviewed previously-screened CAPs for adequacy of screening decisions, reviewed NRC inspection findings to verify that these issues were appropriately dispositioned, and observed Prescreening and Screening meetings to determine adequacy of conduct of the process. The team found that, in some cases, licensee-identified issues that resulted in NRC violations were not appropriately re-screened for significance to ensure issue resolution. The team determined that there is an adequate process in place to mitigate occurrence and that the small percentage of discrepancies (approximately 5%) were due to individual human performance errors. AR 01236919 was written to document and resolve these discrepancies.

The assessment team reviewed Prompt and Immediate Operability determinations associated with CAPs in the assessment scope and determined that previously-identified issues with the Operability Determination Process implementation quality may persist, as specified in AFI #3.

Objective 2:

The assessment team reviewed 10 A-level CAPs to determine adequacy of issue screening, evaluation, and resolution. The team determined that performance in this area has improved over the past 12 months, with continuing concerns related to action implementation quality, timeliness of actions, and a gap to excellence in evaluation quality. These concerns are addressed by existing CAP Excellence Plan items and Enhancement #1.

The assessment team reviewed 10 B-level CAPs to determine adequacy of issue screening, evaluation, and resolution. The team determined that performance in this area has improved over the past 12 months, with continuing concerns related to action implementation quality, timeliness of actions, and a gap to excellence in evaluation quality. These concerns are addressed by existing CAP Excellence Plan items and Enhancement #1.

The assessment team reviewed 40 C-level CAPs to determine adequacy of issue screening, evaluation, and resolution. Included in the scope were reviews of MREs and CEs for adequacy. The team determined that performance in this area has improved over the past 12 months, with continuing concerns related to action implementation quality and timeliness of actions. Additionally, the team found an improvement opportunity for standardization of the MRE process across the Xcel fleet, vice relying on site-specific processes. This improvement is captured in Enhancement #1.

Objective 3:

The assessment team reviewed 10 recently-completed effectiveness reviews for procedural compliance and quality of the evaluation. The team also reviewed CAP data for indication of repeat occurrence of previously-evaluated, significant (A-level) CAPs. The assessment team did not find any areas for concern.

Objective 4:

The assessment team reviewed CAP Key Performance Indicators for completeness and indication of areas for improvement. The review did not find issues with completeness, but did find indications of inadequate ownership and accountability for process execution, as described in AFI #1.

The assessment team evaluated a sampling of approximately 50 completed trends in Passport to assess quality of trending. The team found some inconsistencies in the application of trend codes by various groups. Actions were added to the CAP excellence plan to provide information sharing on the trending process with personnel that complete trending and to create trending job aids. These actions have been completed.

Objective 5:

The assessment team interviewed RCE Team Leads to determine effectiveness of PARB and Management oversight of completed Root Cause Evaluations. The team determined that, in general, PARB oversight of Root Causes has improved and adequate resources have been provided to complete the task. Additionally, the team determined that the existing process is

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

adequate to meet minimum standards, but that causal evaluation procedures could enable excellence through providing better examples and enhanced direction for how to conduct the various sections of the evaluation, as captured in Enhancement 1.

The assessment team reviewed Key Performance Indicator data, PARB meeting minutes, and observed PARB meetings to assess the effectiveness of PARB and management oversight of the Corrective Action Program. The team determined that oversight has improved, but that PARB currently fulfills a role of enforcing standards, rather acting as a forcing function for continuous improvement. This assessment is described in detail with AFI #1.

The assessment team reviewed TRP meeting minutes and observed a TRP meeting to evaluate the effectiveness at TRP in ensuring quality ACE conduct and B-level Corrective Action Implementation. The team determined that the TRP was adequately evaluating ACE quality and enforcing standards for action quality.

Objective 6:

The assessment team reviewed the 2010 Self-Assessment schedule and 3 recently-completed Focused Self-Assessments to evaluate procedural compliance, self-assessment quality, and implementation of improvement activities from completed assessments. The team did not identify any concerns in this objective.

Objective 7:

The assessment team reviewed Corrective Action Program documents related to NOS-identified issues and interviewed NOS personnel to evaluate effectiveness of station response to those issues. The team found that the station's response to NOS issues has improved over the assessment period and no additional areas for concern were identified.

Objective 8:

The assessment team interviewed CAP liaisons, managers, and department personnel to assess liaison involvement in the Corrective Action Program. The team reviewed meetings conducted with CAP liaisons to assess effectiveness improving liaison performance. The team determined that, in some cases, CAP liaisons are not adequately engaged in some aspects of the Corrective Action Program. This concern is addressed by Enhancement #2.

8.0 ATTACHMENT

- Document List
- QF 0402 (Focused Self-Assessment Checklist)

9.0 Team Leader Signature: _____ Date: _____

Management Sponsor Signature: _____ Date: _____

PARB Accepted: _____ Date: _____

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE**2010 PI&R Focused Self-Assessment Document List**

#	DESCRIPTION	DATE/REV	OBJECTIVE
1	Licensing "A" Interview	Per Schedule	1A
2	Projects "A" Interview	Per Schedule	1A
3	Projects "B" Interview	Per Schedule	1A
4	IT "A" Interview	Per Schedule	1A
5	Security "A" Interview	Per Schedule	1A
6	Security "B" Interview	Per Schedule	1A
7	EP "A" Interview	Per Schedule	1A
8	Supply Chain "A" Interview	Per Schedule	1A
9	Warehouse "A" Interview	Per Schedule	1A
10	Admin Support "A" Interview	Per Schedule	1A
11	Procedures "A" Interview	Per Schedule	1A
12	Document Control "A" Interview	Per Schedule	1A
13	System Engineering "A" Interview	Per Schedule	1A
14	System Engineering "B" Interview	Per Schedule	1A
15	Design Engineering "A" Interview	Per Schedule	1A
16	Design Engineering "B" Interview	Per Schedule	1A
17	Programs Engineering "A" Interview	Per Schedule	1A
18	Programs Engineering "B" Interview	Per Schedule	1A
19	Operations "A" Interview	Per Schedule	1A
20	Operations "B" Interview	Per Schedule	1A
21	Production Planning "A" Interview	Per Schedule	1A
22	Production Planning "B" Interview	Per Schedule	1A
23	Facilities/FIN "A" Interview	Per Schedule	1A
24	Facilities/FIN "B" Interview	Per Schedule	1A
25	Mechanical "A" Interview	Per Schedule	1A
26	Mechanical "B" Interview	Per Schedule	1A
27	Electrical "A" Interview	Per Schedule	1A
28	Electrical "B" Interview	Per Schedule	1A
29	I&C "A" Interview	Per Schedule	1A
30	I&C "B" Interview	Per Schedule	1A
31	RP "A" Interview	Per Schedule	1A
32	RP "B" Interview	Per Schedule	1A
33	Chemistry "A" Interview	Per Schedule	1A
34	Chemistry "B" Interview	Per Schedule	1A
35	Liaison "A" Interview	Per Schedule	8
36	Liaison "B" Interview	Per Schedule	8
37	Liaison "C" Interview	Per Schedule	8
38	Liaison "D" Interview	Per Schedule	8
39	Liaison "E" Interview	Per Schedule	8
40	Liaison "F" Interview	Per Schedule	8
41	Liaison "G" Interview	Per Schedule	8
42	Liaison "H" Interview	Per Schedule	8
43	Screen Team "A" Interview	Per Schedule	5, 8
44	Screen Team "B" Interview	Per Schedule	5, 8
45	Screen Team "C" Interview	Per Schedule	5, 8
46	Screen Team "D" Interview	Per Schedule	5, 8
47	WR Screen "A" Interview	Per Schedule	1A, 1D
48	ECR Screen "A" Interview	Per Schedule	1A, 1D
49	PRG "A" Interview	Per Schedule	1A, 1D
50	PCR Screen "A" Interview	Per Schedule	1A, 1D
51	NOS "A" Interview	Per Schedule	7
52	NOS "B" Interview	Per Schedule	7
53	RCE Lead "A" Interview	Per Schedule	2
54	RCE Lead "B" Interview	Per Schedule	2

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

55	RCE Lead "C" Interview	Per Schedule	2
56	RCE Lead "D" Interview	Per Schedule	2
57	RCE Lead "E" Interview	Per Schedule	2
58	RCE Lead "F" Interview	Per Schedule	2
59	RCE Lead "G" Interview	Per Schedule	2
60	RCE Lead "H" Interview	Per Schedule	2
61	Prescreening Meeting	6/7/10	1D
62	Prescreening Meeting	6/8/10	1D
63	Prescreening Meeting	6/9/10	1D
64	Prescreening Meeting	6/10/10	1D
65	AR Screening Meeting	6/7/10	1D
66	AR Screening Meeting	6/9/10	1D
67	PARB Meeting	6/8/10	2, 3, 5
68	PARB Meeting	6/10/10	2, 3, 5
69	TRP Meeting	6/9/10	2, 3, 5
70	Operator Burden List	June 1, 2010	1, 3
71	Station Logs	May 1 – 31, 2010	1A
72	WR initiation	May 1 – 31, 2010	1A
73	AR 01144451 (Top Ten List)	Per Passport	1, 2, 3
74	AR 01038833 (Top Ten List)	Per Passport	1, 2, 3
75	AR 01115585 (Top Ten List)	Per Passport	1, 2, 3
76	AR 01173282 (Top Ten List)	Per Passport	1, 2, 3
77	AR 01173280 (Top Ten List)	Per Passport	1, 2, 3
78	AR 00866960 (Top Ten List)	Per Passport	1, 2, 3
79	AR 00866805 (Top Ten List)	Per Passport	1, 2, 3
80	AR 01173285 (Top Ten List)	Per Passport	1, 2, 3
81	AR 01137327 (Top Ten List)	Per Passport	1, 2, 3
82	TRP Meeting Minutes (Consolidated Document)	June 1, 2009 – May 31, 2010	5
83	Performance Improvement Report Card (January 2009)	January 2010	4, 5
84	Performance Improvement Report Card (February 2009)	February 2010	4, 5
85	Performance Improvement Report Card (March 2009)	March 2010	4, 5
86	Performance Improvement Report Card (April 2009)	April 2010	4, 5
87	AT-0358 (CAP Report Card)	May 29 2010	4, 5
88	PARB Meeting Minutes (Consolidated Document)	June 1, 2009 – May 31, 2010	5
89	AR 01184613 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
90	AR 01185484 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
91	AR 01186791 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
92	AR 01188008 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
93	AR 01189027 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
94	AR 01190549 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
95	AR 01191732 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
96	AR 01193081 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
97	AR 01194255 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
98	AR 01195435 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
99	AR 01196667 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
100	AR 01197578 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
101	AR 01198510 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
102	AR 01199279 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
103	AR 01200182 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
104	AR 01201062 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
105	AR 01201947 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
106	AR 01202798 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
107	AR 01203561 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
108	AR 01204687 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
109	AR 01205723 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
110	AR 01206459 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

111	AR 01207507 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
112	AR 01208589 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
113	AR 01209586 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
114	AR 01210924 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
115	AR 01212051 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
116	AR 01212841 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
117	AR 01213945 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
118	AR 01214934 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
119	AR 01215988 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
120	AR 01217180 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
121	AR 01218157 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
122	AR 01219198 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
123	AR 01220312 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
124	AR 01221345 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
125	AR 01222443 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
126	AR 01223339 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
127	AR 01224440 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
128	AR 01225603 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
129	AR 01226532 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
130	AR 01227490 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
131	AR 01228219 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
132	AR 01228996 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
133	AR 01229592 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
134	AR 01230468 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
135	AR 01231252 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
136	AR 01231935 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
137	AR 01232582 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
138	AR 01233488 (Initiation Quality, Operability Status, Screening Decision)	Per Passport	1, 4
139	AR 01121937 (A – RCE)	Per Passport	2, 3, 4
140	AR 01145695 (A – RCE)	Per Passport	2, 3, 4
141	AR 01178236 (A – RCE)	Per Passport	2, 3, 4
142	AR 01182488 (A – RCE)	Per Passport	2, 3, 4
143	AR 01211532 (A – RCE)	Per Passport	2, 3, 4
144	AR 01214773 (A – RCE)	Per Passport	2, 3, 4
145	AR 01214986 (A – RCE)	Per Passport	2, 3, 4
146	AR 01221036 (A – RCE)	Per Passport	2, 3, 4
147	AR 01227647 (A – RCE)	Per Passport	2, 3, 4
148	AR 01185362 (A – ACE)	Per Passport	2, 3, 4
149	AR 01194257 (A – MRE)	Per Passport	2, 3, 4
150	AR 01183937 (B – ACE)	Per Passport	2, 3, 4
151	AR 01184883 (B – ACE)	Per Passport	2, 3, 4
152	AR 01186989 (B – ACE)	Per Passport	2, 3, 4
153	AR 01230039 (B – ACE)	Per Passport	2, 3, 4
154	AR 01223919 (B – ACE)	Per Passport	2, 3, 4
155	AR 01217274 (B – ACE)	Per Passport	2, 3, 4
156	AR 01215266 (B – ACE)	Per Passport	2, 3, 4
157	AR 01204339 (B – ACE)	Per Passport	2, 3, 4
158	AR 01221481 (B – OBD)	Per Passport	2, 3, 4
159	AR 01218940 (B – OBN)	Per Passport	2, 3, 4
160	AR 01226049 (B – OBD)	Per Passport	2, 3, 4
161	AR 01191926 (C – MRE)	Per Passport	2, 3, 4
162	AR 01199201 (C – MRE)	Per Passport	2, 3, 4
163	AR 01199512 (C – MRE)	Per Passport	2, 3, 4
164	AR 01201938 (C – MRE)	Per Passport	2, 3, 4
165	AR 01202331 (C – MRE)	Per Passport	2, 3, 4
166	AR 01203013 (C – MRE)	Per Passport	2, 3, 4
167	AR 01205449 (C – MRE)	Per Passport	2, 3, 4
168	AR 01207063 (C – MRE)	Per Passport	2, 3, 4

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

169	AR 01213978 (C – MRE)	Per Passport	2, 3, 4
170	AR 01226852 (C – MRE)	Per Passport	2, 3, 4
171	AR 01230892 (C – MRE)	Per Passport	2, 3, 4
172	AR 01233984 (C – CE)	Per Passport	2, 3, 4
173	AR 01183929 (C – CE)	Per Passport	2, 3, 4
174	AR 01184290 (C – CE)	Per Passport	2, 3, 4
175	AR 01185113 (C – CE)	Per Passport	2, 3, 4
176	AR 01189908 (C – CE)	Per Passport	2, 3, 4
177	AR 01191021 (C – CE)	Per Passport	2, 3, 4
178	AR 01193807 (C – CE)	Per Passport	2, 3, 4
179	AR 01200624 (C – CE)	Per Passport	2, 3, 4
180	AR 01200814 (C – CE)	Per Passport	2, 3, 4
181	AR 01201207 (C – CE)	Per Passport	2, 3, 4
182	AR 01210090 (C – CE)	Per Passport	2, 3, 4
183	AR 01210519 (C – CE)	Per Passport	2, 3, 4
184	AR 01212303 (C – CE)	Per Passport	2, 3, 4
185	AR 01221208 (C – CE)	Per Passport	2, 3, 4
186	AR 01221338 (C – CE)	Per Passport	2, 3, 4
187	AR 01226376 (C – CE)	Per Passport	2, 3, 4
188	AR 01230392 (C – CE)	Per Passport	2, 3, 4
189	AR 01232913 (C – CE)	Per Passport	2, 3, 4
190	AR 01187619 (C – OPR)	Per Passport	2, 3, 4
191	AR 01187753 (C – OPR)	Per Passport	2, 3, 4
192	AR 01196007 (C – OPR)	Per Passport	2, 3, 4
193	AR 01201964 (C – OPR)	Per Passport	2, 3, 4
194	AR 01197326 (C – OPR)	Per Passport	2, 3, 4
195	AR 01204511 (C – OPR)	Per Passport	2, 3, 4
196	AR 01211288 (C – OPR)	Per Passport	2, 3, 4
197	AR 01211627 (C – OPR)	Per Passport	2, 3, 4
198	AR 01214555 (C – OPR)	Per Passport	2, 3, 4
199	AR 01233549 (C – OPR)	Per Passport	2, 3, 4
200	EFR 01100615	Per Passport	3
201	EFR 01117801	Per Passport	3
202	EFR 01131673	Per Passport	3
203	EFR 01138923	Per Passport	3
204	EFR 01154696	Per Passport	3
205	EFR 01161144	Per Passport	3
206	EFR 01167124	Per Passport	3
207	EFR 01178963	Per Passport	3
208	EFR 01187452	Per Passport	3
209	EFR 01215132	Per Passport	3
210	AR 01188924 (FSA)	Per Passport	6
211	AR 01204581 (FSA)	Per Passport	6
212	AR 01205470 (FSA)	Per Passport	6
213	AR 01175093 (FSA)	Per Passport	6
214	AR 01175089 (FSA)	Per Passport	6
215	AR 01175084 (FSA)	Per Passport	6
216	2010 Self Assessment Schedule	Printed 5/27/10	6
217	NOS Open Issues List	Printed 5/27/10	7
218	AR 01178236 (NRC Violation)	Per Passport	1, 2, 3
219	AR 01226862 (NRC Violation)	Per Passport	1, 2, 3
220	AR 01220024 (NRC Violation)	Per Passport	1, 2, 3
221	AR 01211835 & 1217184 (NRC Violation)	Per Passport	1, 2, 3
222	AR 01159643 & 01221036 (NRC Violation)	Per Passport	1, 2, 3
223	AR 01050047 (NRC Violation)	Per Passport	1, 2, 3
224	AR 01217275 (NRC Violation)	Per Passport	1, 2, 3
225	AR 01222084 (NRC Violation)	Per Passport	1, 2, 3
226	AR 01215434 (NRC Violation)	Per Passport	1, 2, 3

FOCUSED SELF-ASSESSMENT REPORT TEMPLATE

227	AR 01217545 (NRC Violation)	Per Passport	1, 2, 3
228	AR 01197554 (NRC Violation)	Per Passport	1, 2, 3
229	AR 01210614 (NRC Violation)	Per Passport	1, 2, 3
230	AR 01214773 (NRC Violation)	Per Passport	1, 2, 3
231	AR 01214190 (NRC Violation)	Per Passport	1, 2, 3
232	AR 01223729 (NRC Violation)	Per Passport	1, 2, 3
233	AR 01182488 (NRC Violation)	Per Passport	1, 2, 3
234	AR 01212435 (NRC Violation)	Per Passport	1, 2, 3
235	AR 01212774 (NRC Violation)	Per Passport	1, 2, 3
236	AR 01201838 (NRC Violation)	Per Passport	1, 2, 3
237	AR 01193503 (NRC Violation)	Per Passport	1, 2, 3
238	AR 01201950 and 01201987 (NRC Violation)	Per Passport	1, 2, 3
239	AR 01200237 (NRC Violation)	Per Passport	1, 2, 3
240	AR 01206681 (NRC Violation)	Per Passport	1, 2, 3
241	AR 01198503 (NRC Violation)	Per Passport	1, 2, 3
242	AR 01184252 (NRC Violation)	Per Passport	1, 2, 3
243	AR 01198068 (NRC Violation)	Per Passport	1, 2, 3
244	AR 01192430 (NRC Violation)	Per Passport	1, 2, 3
245	AR 01197714 (NRC Violation)	Per Passport	1, 2, 3
246	AR 01176859 (NRC Violation)	Per Passport	1, 2, 3
247	AR 01145695 (NRC Violation)	Per Passport	1, 2, 3
248	AR 01174370 (NRC Violation)	Per Passport	1, 2, 3
249	AR 01186124 (NRC Violation)	Per Passport	1, 2, 3
250	AR 01192435 (NRC Violation)	Per Passport	1, 2, 3
251	AR 01192415 (NRC Violation)	Per Passport	1, 2, 3
252	AR 01158935 (NRC Violation)	Per Passport	1, 2, 3
253	AR 01182175, 01186151, 01186330 (NRC Violation)	Per Passport	1, 2, 3
254	AR 01181513 (NRC Violation)	Per Passport	1, 2, 3
255	AR 01174999 (NRC Violation)	Per Passport	1, 2, 3
254	AR 01178236 (NRC Violation)	Per Passport	1, 2, 3
255	AR 01173880 (NRC Violation)	Per Passport	1, 2, 3
256	AR 01171241 (NRC Violation)	Per Passport	1, 2, 3
257	AR 01179638 (NRC Violation)	Per Passport	1, 2, 3
258	AR 01180343 (NRC Violation)	Per Passport	1, 2, 3
259	AR 01179070 (NRC Violation)	Per Passport	1, 2, 3
260	AR 01174897 (NRC Violation)	Per Passport	1, 2, 3
261	AR 01178685 & 01175563 (NRC Violation)	Per Passport	1, 2, 3
262	AR 01169735 (NRC Violation)	Per Passport	1, 2, 3
263	AR 01179272 (NRC Violation)	Per Passport	1, 2, 3
264	AR 01165361 (NRC Violation)	Per Passport	1, 2, 3
265	AR 01183021 (NRC Violation)	Per Passport	1, 2, 3
266	AR 01183110 (Response to NRC Cross-Cutting Issue)	Per Passport	1, 2, 3
267	AR 01183112 (Response to NRC Cross-Cutting Issue)	Per Passport	1, 2, 3
268	AR 01183113 (Response to NRC Cross-Cutting Issue)	Per Passport	1, 2, 3
269	AR 01183114 (Response to NRC Cross-Cutting Issue)	Per Passport	1, 2, 3
270	AR 01183115 (Response to NRC Cross-Cutting Issue)	Per Passport	1, 2, 3
271	AR 01165133 (Response to NRC Cross-Cutting Issue)	Per Passport	1, 2, 3
272	Interview with Operator "C"	Per Schedule	1

QF-0402 Revision 3
(FP-PA-SA-01)
Page 1 of 2

Focused Self-Assessment Checklist

Self-Assessment Topic: Pre-71152 PI&R NRC inspection Readiness / CAP Process Effectiveness

Checklist Index:

<u>Checklist Number</u>	<u>Objective</u>
1.	Verify that station problems are being identified, reported and properly screened.
2.	Verify that evaluation of problems and identification of corrective actions are commensurate with the significance of the problem.
3.	Determine the effectiveness of corrective actions resolving identified problems.
4.	Verify that performance indicators effectively characterize corrective action program performance and that CAP trending identifies potential adverse trends.
5.	Assess the effectiveness of management oversight of the CAP.
6.	Assess the effectiveness of the Focused Self-Assessment Program.
7.	Assess the effectiveness of the Site's Response to NOS-identified issues.
8.	Assess the effectiveness of CAP Liaisons in implementing the corrective action program.

Checklist Key

Self-Assessment Element – WHAT is to be assessed. A specific facet to be assessed related to an Objective i.e., specific questions, actual practices, data review.

Method – HOW the self-assessment element is to be evaluated i.e., interview, observation, material or document review.

Performer – WHO will do the assessing i.e., which team member(s).

Objective Evidence – Any documented statement of fact, other information, or record, either quantitative or qualitative, pertaining to the quality of an item or activity based on observations, measurements or tests which can be verified.

Focused Self-Assessment Checklist

Checklist Number: 1

Objective: Verify that station problems are being identified, reported and properly screened.

Item	Self-Assessment Element	Method	Performer
1a	<p>Verify that issues are being identified at an appropriately low threshold, appropriately characterized, and entered into the corrective action program. [INPO][NRC-71152]</p> <ul style="list-style-type: none"> Review sample (50) of submitted CAPs for content adequacy, completeness and timeliness. Verify that equipment, human performance, and program issues are being identified and entered into the program. Review NRC Inspection Reports since the last PI&R inspections for issues related to human performance, safety conscious workforce, and CAP to determine if issues were appropriately entered into the CAP Review the last two INPO/WANO reports to determine if issues in the reports were appropriately entered into the CAP program. Interview personnel on willingness to generate ARs Review station logs for the past 30 days for issues to verify CAPs have been initiated as required. Review Work Requests initiated in the past 30 days to verify CAPs have been initiated as required. 	Observation, Document Review, Interviews	Team
1b	<p>Verify that issues are being properly screened, assigned and classified based on the safety significance of the issue. Evaluate the effectiveness of the CAP Screening meetings. [INPO] [NRC 71152]</p> <ul style="list-style-type: none"> Review sample of screened CAPs (50) to determine if screening reached correct conclusions regarding significance level, evaluation type, operability, and reportability. Determine whether the distribution of CAP significance levels is consistent with industry best practice Observe CAP Screening Team meetings (at least 2) Verify CAP Screeners have the proper knowledge and technical expertise to perform this function Verify that a defined, consistent screening process is employed Proper level of attendance and preparation of screen team members Verify that generic problem implications are considered and addressed when appropriate during screening Determine whether non-CAP and work order issues are reviewed to determine whether CAPs should be generated. Determine whether the screen team adequately challenges CAP problem statements as written to ensure quality. 	Observation, Interviews, Document Review	Team
1c	<p>Verify operator burdens are captured in CAP by reviewing the operator burden list and the CAP database. Determine if the expected burden resolution dates are supported by the CAP scheduled dates and whether the resolution dates are consistent with the impact of the burden.</p>	Document Review	Team Lead
1d	<p>Verify the top 10 equipment issues are appropriately captured in CAP.</p>	Document	Engineer

		Review	
1e	Review CAP generation rate data for any unexplained drops in generation rate.	Interviews, Document Review	Team
1f	Determine whether the Work Request, ECR, PRG and PCR screening teams evaluate incoming items to determine if CAPs are needed.	Interviews, Document Review	Team

Item	Objective Evidence	Status
1a	Per Document List	OK
1b	Per Document List	AFI3
1c	Per Document List	OK
1d	Per Document List	OK
1e	Per Document List	OK
1f	Per Document List	AFI2

Checklist Number: 2

Objective: Verify that evaluation of problems and identification of corrective actions are commensurate with the significance of the problem.

Item	Self-Assessment Element	Method	Performer
2a	<p>Review a sample of ten (10) level A CAPs since the last PI&R inspection The sample should include at least two issues associated with NRC inspection findings. [71152]</p> <ul style="list-style-type: none"> • Determine whether a RCE was performed or appropriate justification/authorization is provided for performing an ACE or other type of evaluation • Review all RCEs completed since the last PI&R inspection for the following attributes: <ul style="list-style-type: none"> ○ Assignment of an RCE was consistent with problem significance ○ An RCE qualified analyst participated on the team ○ The RCE team possessed the necessary technical expertise ○ Structured root cause analysis techniques were used ○ Organizational and programmatic causes were considered ○ Identified causes directly relate to the problem statement ○ Past performance and operating experience were examined to obtain insights into causes ○ Extent of condition was appropriately considered ○ Extent of cause was appropriately considered ○ Corrective actions to prevent recurrence were identified and relate to the root cause(s) and the problem statement ○ Correction actions for contributing causes focus appropriately on those causes ○ Out of scope issues are appropriately entered into CAP ○ Appropriate effectiveness review requirements were identified ○ Appropriate interim actions were identified and implemented 	Document Review	Internal Peer

	<ul style="list-style-type: none"> ○ The RCE was initiated in a time frame consistent with the significance of the issue. ○ The RCE was completed in a time frame consistent with the significance of the issue ○ Corrective action due dates were established consistent with the significance of the issue ○ Corrective actions were completed on or before due dates without extensions ○ Verify that documented actions and actual actions are aligned (sample). ○ Management oversight was evident ○ PARB review timing was consistent with the significance of the issue ○ PARB comments were incorporated into the RCE as appropriate ● For any Significant Conditions Adverse to Quality (SCAQs) for which an RCE was not performed, determine whether CAPRs were identified as required and effectiveness reviews were specified. 		
2b	<p>Review a sample of ten (10) level B CAPs plus all CAPs associated with cited and non-cited NRC violations and generic communications since the last PI&R inspection. [71152]</p> <ul style="list-style-type: none"> ● Determine whether an ACE or higher evaluation type was performed or appropriate justification/authorization was provided for performing other types of evaluations. ● Review 5 ACEs for the following attributes: <ul style="list-style-type: none"> ○ Assignment of an ACE was consistent with problem significance ○ The ACE was initiated and completed in a time frame consistent with problem significance ○ Appropriate interim actions were taken ○ The evaluator(s) possessed the necessary technical expertise ○ A logical process was used to identify apparent cause(s) ○ Identified causes directly address the problem statement ○ Extent of cause/condition was appropriately evaluated ○ OE/past performance were appropriately factored into the evaluation ○ Identified corrective actions directly relate to causes and the problem statement ○ Due dates for corrective actions are consistent with problem significance ○ Corrective actions were completed by the due dates without extensions ○ Verify that documented actions and actual actions are aligned (sample). ○ Organizational and programmatic causes were appropriately considered ○ If the ACE was for a level A issue, verify CAPRs were identified and an effectiveness review was required 	Document Review	Internal Peer

	<ul style="list-style-type: none"> ○ PARB review, if performed, was performed in a time frame consistent with problem significance ○ PARB comments were appropriately incorporated in the ACE ○ Out of scope issues identified by the ACE were appropriately captured in the CAP. 		
2c	<p>Review a sample of 40 level CAPs initiated since the last PI&R inspection for the following attributes. This should include at least four items associated with NRC or industry operating experience and at least six items associated with aging (such as EQ, erosion/corrosion, or aging of electronic components). [71152]</p> <ul style="list-style-type: none"> • A CE was assigned consistent with the significance of the issue • The conclusion(s) of the CE was reasonable with respect to the problem statement • The CE was completed in a time frame consistent with problem significance • Corrective action(s) addresses the CE conclusion(s) and the problem statement • Corrective actions were consistent with issue significance • Corrective actions were completed in a time frame commensurate with problem significance • Verify that documented actions and actual actions are aligned. • Interim actions were taken as appropriate. • Due date extensions were justifiable and appropriate. 	Document Review	Operations
2d	<p>Review all CAPs written to address NRC/INPO/WANO identified issues since the last PI&R inspection for the following:</p> <ul style="list-style-type: none"> • The level assigned to the CAP was B or higher, or justification for a lower significance level is provided. • The evaluation performed included determining why the issue was not identified internally. 	Document Review	Fleet Peer
2e	<p>Review the adequacy of 10 recent evaluation of equipment related issues (Maintenance Rule Evaluations).</p> <ul style="list-style-type: none"> • Verify that appropriate analysis and corrective action are being taken for repetitive MPFFs or SSCs exceeding performance goals/criteria 	Document Review	Engineer

Item	Objective Evidence	Status
2a	Per Document List	AFI2, EN1
2b	Per Document List	AFI2, EN1
2c	Per Document List	AFI2, EN1
2d	Per Document List	OK
2e	Per Document List	EN1

Checklist Number: 3**Objective:** Determine the effectiveness of corrective actions resolving identified problems.

Item	Self-Assessment Element	Method	Performer
3a	Review and evaluate the documented results of 10 completed corrective action effectiveness reviews. [INPO]	Document Review	Maintenance
3b	Review CAP data following implementation of 10 CAPRs to identify whether the problem addressed by the CAPR was experienced again.	Document Review	Team
3c	Review CAP data since the last PI&R to identify any CAPs written to	Document	Team

	document ineffective corrective actions. Review the evaluation of these CAPs to determine whether they address why the actions were ineffective and the adequacy of the corrective actions.	Review	
3d	Determine if there are any common factors associated with ineffective corrective actions.	Document Review	Team

Item	Objective Evidence	Status
3a	Per Document List	OK
3b	Per Document List	OK
3c	Per Document List	OK
3d	Per Document List	OK

Checklist Number: 4

Objective: Verify that performance indicators effectively characterize corrective action program performance and that CAP trending identifies potential adverse trends.

Item	Self-Assessment Element	Method	Performer
4a	Review CAP performance indicators for accuracy and completeness. <ul style="list-style-type: none"> Compare CAP indicators with the most recent NRC PI&R inspection results and INPO/WANO evaluation results for consistency 	Interviews, Document Review	Team Lead
4b	Evaluate the trending program (DRUM process) and the effectiveness of trending at the individual department and station level. [71152] <ul style="list-style-type: none"> Review a sample of 40 CAPs across multiple departments to determine if trend codes are being applied consistently. Determine if trend codes are being applied to all CAPs and if not, why not. Trend coding methodology is utilized Trend data is evaluated and summarized Trending identifies problem areas or areas for improvement which are entered into the CAP Evaluate existing trend codes to assure the scope is appropriate and the number is not so large so as to obscure trends. Trend data is comprehensive and includes CAPs, management observations results, meeting critique results, worker feedback information, self assessment results, and performance indicator information. 	Interviews, Document Review	CAP Coordinator
4c	Review CAP data since the last PI&R to determine if adverse trends are identified by individual departments outside the structured trending process and entered into CAP	Interviews, Document Review	Team Lead

Item	Objective Evidence	Status
4a	Per Document List	OK
4b	Per Document List	EN
4c	Per Document List	OK

Checklist Number: 5

Objective: Assess the effectiveness of management oversight of the CAP.

Item	Self-Assessment Element	Method	Performer
5a	Determine by interview of all RCE team leads during the past year the extent of senior management involvement/overview of team activities	Interviews	Team

5b	Review PARB meeting information to determine the following: <ul style="list-style-type: none"> Review RCE and ACE grading results for 5 RCEs and 5 ACEs to determine if RCE and ACE grading is performed in a timely manner and provides meaningful feedback which is used in a structured fashion to improve future performance. PARB effectively interfaces with all phases and aspects of the corrective action program. PARB meetings occur regularly and routinely include CAP overview CAP feedback from PARB results in action items to improve CAP performance which are tracked to closure Quality of the meeting minutes as a feedback and action tracking tool. 	Interviews, Document Review	Team
5c	Observe a PARB meeting to determine the following: <ul style="list-style-type: none"> Members were prepared and actively participated in the meeting PARB was critical of CAP effectiveness and provided insights for improvement 	Observation	Team
5d	Observe a TRP meeting to determine the following: <ul style="list-style-type: none"> Members were prepared and actively participated in the meeting TRP was critical of CAP effectiveness and provided insights for improvement 	Observation	Team

Item	Objective Evidence	Status
5a	Per Document List	OK
5b	Per Document List	AFI1
5c	Per Document List	AFI1
5d	Per Document List	OK

Checklist Number: 6**Objective:** Assess the effectiveness of the Focused Self-Assessment Program.

Item	Self-Assessment Element	Method	Performer
6a	Review the 2010 Focused Self-Assessment Schedule to determine the following: <ul style="list-style-type: none"> Self assessment schedule reflects performance improvement initiatives vice inspection / external assessment schedules Self assessment schedule is realistic and will allow for implementation of corrective actions 	Document Review	Maintenance
6b	Review a sampling (30%) of Self Assessments completed in the last year for the following: <ul style="list-style-type: none"> Procedural requirements of FP-PA-SA-01 were met Self-assessment was critical of the area being reviewed Corrective actions met the SMART principles 	Document Review	Maintenance

Item	Objective Evidence	Status
6a	Per Document List	OK
6b	Per Document List	OK

Checklist Number: 7**Objective:** Assess the effectiveness of the Site's Response to NOS-identified issues.

Item	Self-Assessment Element	Method	Performer
7a	Review all open NOS issues to determine whether they have been entered into the CAP and whether adequate priority has been given to those issues	Document Review	Team Lead
7b	Review a sampling (30%) of all open NOS issues to determine the following: <ul style="list-style-type: none"> • Causal evaluations conducted at appropriate level to understand the issues and causes • Corrective actions were commensurate with the risk of the issue • Corrective actions were effective in resolving issues (SMART principle) • Corrective actions were timely 	Document Review	Team
7c	Interview NOS personnel to determine station effectiveness in completing NOS identified issues	Interviews	Internal Peer

Item	Objective Evidence	Status
7a	Per Document List	OK
7b	Per Document List	OK
7c	Per Document List	OK

Checklist Number: 8

Objective: Assess the effectiveness of CAP Liaisons in implementing the corrective action program.

Item	Self-Assessment Element	Method	Performer
8a	Interview CAP liaisons and Department Managers to determine the following: <ul style="list-style-type: none"> • A consistent understanding of the roles and responsibilities of CAP liaisons • Departmental CAP effectiveness reflects adequate liaison involvement and ownership • Amount of time made available for liaison duties • How department CAP performance is monitored/facilitated by liaisons 	Interviews, Document Review	Team
8b	Determine the following regarding CAP liaison meetings: <ul style="list-style-type: none"> • How frequently they are conducted • The value of topics covered • Whether action items are identified and tracked • How frequently department and performance assessment management participate in meetings 	Interviews, Document Review	Internal and External Peer
8c	Determine how frequently CAP liaisons attend PARB and screening meetings and for what purpose	Interviews	Team

Item	Objective Evidence	Status
8a	Per Document List	EN2
8b	Per Document List	OK
8c	Per Document List	OK

Status

OK = Acceptable
AFI= Area for Improvement
ST = Strength
EN = Enhancement